

NCJA FIREARMS INSTRUCTOR RECOMMENDATION

TO: Campus Operations Manager
North Carolina Justice Academy

DATE:

FROM: _____
(Name of Agency Head or Designee)

(Title)

(Agency)

SUBJECT: Firearms Instructor Authorization Request

_____, _____, is a
(Name) (Title)
firearms instructor with this Agency/Department and is recommended by this Agency/Department to be present and conduct firearms training on the North Carolina Justice Academy firearms ranges.

- I. Instructor has attended and successfully completed the following firearms instructor schools/courses (include name of school, date and location of training):

- II. Instructor has had the following firearms instructor experience:

- III. Instructor is certified as a firearms instructor by the North Carolina Criminal Justice Training and Standards Commission. (Enter name appearing on the certificate and the certification number.)

NOTE: Attach copies of certificates/transcripts for #1, #2, and #3 above.

(Signature of Agency Head or Designee)

Please list mailing address below for both Agency Head/Designee and firearms instructor.